

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043862
6371
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED REC 1 1 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>50 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>406 Brooklyn</u>		d. STREET ADDRESS (If outside, give location) <u>2805 E 11</u>	
Inmate Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NICOLU (Nick)</u> Middle <u>CRISPI</u> Last <u>CRISPI</u>		4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1895</u>
9. AGE (last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	
11. BIRTHPLACE (City and state or country) <u>State</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Philip Crispi</u>		13b. MOTHER'S MAIDEN NAME <u>Antonia Shiro</u>	
14. NAME OF HUSBAND OR WIFE <u>Nicolana</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. INFORMANT <u>Nicolana Katie Crispi 2805 E 11</u>		17. ADDRESS <u>2805 E 11</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Hypertensive and arteriosclerotic heart disease</u> DUE TO (c) <u>5 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>11/25/58</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Kansas City MO</u>	
20g. COUNTY <u>MO</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>1/25/58</u> to <u>11/22/63</u> and last saw him alive on <u>11/22/63</u> Death occurred at <u>6:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Wilson H. Miller, M.D.</u> (Degree or title)	
22b. ADDRESS <u>511 Plaza Parkway Bldg. Kansas City MO</u>		22c. DATE SIGNED <u>NOV/23/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-25-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cam.</u>	
23d. LOCATION (City, town, or county) <u>Kansas City MO</u>		24. FUNERAL DIRECTOR <u>Cassanters Bros KC MO</u>	
25. DATE RECD. BY LOCAL REG. <u>11-23-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
WILSON H. MILLER

Dr. W. Miller 41570 Re.
Je 13363

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed St. Passanturo

Licensed Embalmer No. 4554

P. O. Address Ke Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.